| UNITED STATES HOUSE OF REPRESENTATIVES FORM A Page 1 of 5 CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT For use by Members, officers, and employees Status S | Yes No 🗸 | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct. | Have you excluded from this report any other assets, "unearned" income, transactions, because they meet all three tests for exemption? Do not answer "yes" unless you have Standards of Official Conduct. | Exemptions— Have you excluded from this re because they meet all three tee Standards of Official Conduct. |
|---|------------------------------------|---|---|---|
| Jerry Lewis | | ee on Standards of Official Conduct and certain other "excepted details of such a trust benefiting you, your spouse, or dependent | lified Blind Trusts" approved by the Commi | , |
| Jarry Lewis | SNC | | ENDENT, OR TRUST INFORM | EXCLUSION OF SPOUSE, DEP |
| ALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT Jerry Lewis Jerry Lewis Capprose Capprose | | schedule attached for each "Yes" response. | | If yes, complete and attach Schedule V. |
| ALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT | the appropriate | Each question in this part must be answered and | | |
| ALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT FORM A Page 1 of 5 ALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT For use by Members, officers, and employees Lerry Lewis (Full Name) Amendment Full Name) State: CA State: CA State: CA District: 41 Termination Ter | | If yes, complete and attach Schedule IX. |) | if yes, complete and attach Schedule IV. |
| JALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT FORM A Page 1 of 5 ALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT For use by Members, officers, and employees (202)225-5861 (Full Name) (Full | Yes | | ny Yes ☐ No | |
| JALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT For use by Members, officers, and employees Jerry Lewis (Full Name) Jerry Lewis (Full Name) Jerry Lewis (Full Name) Jerry Lewis (Full Name) Jerry Lewis (Daytine Telephone) Filer Status Report Type Type Annual (May 15) Annual (May 15) Amendment Type Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 TRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS Did you or your spouse, or a dependent child receive any reported or more from any source in the reporting period? Type Did any inclinition make a donation to charity in iteu of paying your for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. Did you, your spouse, or a dependent child receive any reported yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive any reported yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive any reported yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive any reported yes, complete and attach Schedule VII. Did you, your spouse, or a dependent child receive any reported yes, complete and attach Schedule VII. Did you, your spouse, or a dependent child receive any reported yes, complete and attach Schedule VII. Did you, your spouse, or a dependent child receive any reported yes, complete and attach Schedule VII. Did you, your spouse, or a dependent child receive any reported yes. VII. Complete and attach Schedule VII. Did you not the reporting period of hold any reportable positions on or before the date of the date of the complete and attach Schedule VII. Did you not the reporting period or hold any reportable positions on or before the date of the date of the complete and attach Schedule VII. | [| if yes, complete and attach Schedule VIII. | | more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. |
| JNITED STATES HOUSE OF REPRESENTATIVES Jerry Lewis (Full Name) Jerry Lewis (Full Name) Jerry Lewis (Full Name) Jerry Lewis (Full Name) Jerry Lewis (Tofficer Or Employing Office: Status Report Type Annual (May 15) Annual (May 15) Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Tremination THESE QUESTIONS Did you your spouse, or a dependent child receive any reported you for a speech, apprearance, or ardicle in the reporting period? Type Und any individual or organization Schedule II. Did any individual or organization Schedule II. Page 1 of 5 For use by Members, officers, and employees (202)225-5861 Difficer Or Employing Office: Termination Termination Termination Date: Termination Termination Date: Termination Termination Termination Date: Termination Termination Date: Termination Termination Date: Termination Termination Date: Termination Termination Termination Termination Date: Termination Termination Date: Termination Termin | Yes | Did you hold any reportable positions on or before the date of filing in VIII. current calendar year? | Yes 🗸 | |
| JNITED STATES HOUSE OF REPRESENTATIVES For use by Members, officers, and employees Jerry Lewis (202)225-5861 Filer Status Member of the U.S. State: CA Status House of Representative Type Annual (May 15) Amendment Type Termination | [| from one source)? If yes, complete and attach Schedule VII. | | If yes, complete and attach Schedule II. |
| OF REPRESENTATIVES Page 1 of 5 DISCLOSURE STATEMENT For use by Members, officers, and employees (202)225-5861 (202)225-5861 (202)225-5861 (Daytime Telephone) State: CA District: 41 Officer Or Employee Termination Termination Termination Amendment Termination | or Yes No | | lieu of paying Yes No | |
| OF REPRESENTATIVES Page 1 of 5 DISCLOSURE STATEMENT For use by Members, officers, and employees (202)225-5861 (202)225-58 | | If yes, complete and attach Schedule VI. | | If yes, complete and attach Schedule I. |
| OF REPRESENTATIVES DISCLOSURE STATEMENT For use by Members, officers, and employees (202)225-5861 (202)225-5861 (Daytime Telephone) (State: CA Employee Intervity District: 41 Amendment Termination Termination Termination | Yes 🗌 No | | Yes | Did you or your spouse have "earned" income (round for more from any source in the reporting period |
| For use by Members, officers, and employees (202)225-5861 (Daytime Telephone) | | UESTIONS | H OF THESE | |
| For use by Members, officers, and employees (202)225-5861 (Daytime Telephone) Employee (Daytime Telephone) Employee | re than 30 days | Termination Date: | Amendment | |
| For use by Members, officers, and employees (202)225-5861 (Daytime Telephone) | 200 penalty share assessed against | Employing Office: | State: District: | \ |
| FORM A Page 1 of 5 For use by Members, officers, and employees (202)225-5861 200 | Office Use Only) | 9 | ull Name) | (F) |
| Page 1 of 5 For use by Members, officers, and employees | 12 AH 10: 26 / | | ry Lewis | |
| IVES For use by Members, officers, and employees | E RESOURCE ALV. | A.E. (1818) [1] | | |
| | | | DISCLOSURE STATEMENT | CALENDAR YEAR 2008 FINANCIAL I |
| | NO DEL NERE | | | |

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SCHEDULE I - EARNED INCOME

Name Jerry Lewis

Page 2 of 5

| List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more described the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. | many source (other than the filer's current employme arce and amount of any honoraria; list only the source | loyment by the U.S. Government) totaling \$200 or more during ource for other spouse earned income exceeding \$1,000. |
|---|---|---|
| Source | Туре | Amount |
| Legislators Retirement System, State of CA | Legislative Pension | \$4,296.26 |
| Penn Mutual Life Insurance Agents Retirement | Agents Retirement | \$6,906.87 |

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of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. If you so choose, you may indicate that an asset or income source is that Government retirement programs. savings accounts; any financial interest in or income derived from U.S parent or sibling; any deposits totaling \$5,000 or less in personal debt owed to you by your spouse, or by your or your spouse's child, Exclude: Your personal residence(s) (unless there is rental income); any activities, and its geographic location in Block A. For additional not publicly traded, state the name of the business, the nature of its its value at the end of the reporting period. For an active business that is than \$200 in "unearned" income during the year. For rental property or a fair market value exceeding \$1,000 at the end of the reporting period, Identify (a) each asset held for investment or production of income with information, see the instruction booklet. that are not self-directed, name the institution holding the account and the account that exceeds the reporting threshold. For retirement plans in which you have the power, even if not exercised, to select the specific retirement plans (such as 401(k) plans) that are self directed (i.e., plans mutual funds (do not use ticker symbols). For all IRAs and other and (b) any other assets or sources of income which generated more investments), provide the value and income information on each asset in land, provide a complete address. Provide full names of stocks and Asset and/or Income Source Union Fund-IRA Chas. Schwab Money Market Chas, Schwab IRA distribution Arrowhead Credit Union Congressiona Federal Credit Legislators Retirement System Lewis Family Trust 1/4 sh. Ш \$100,000 \$100,000 \$15,001 -\$100,000 \$250,000 \$100,001 \$50,000 \$50,001 -\$50,001 -\$50,001 asset was sold and is method used. If an \$250,000 \$100,001 the value should be it is generated income, included only because please specify the than fair market value, valuation method other year. If you use a at close of reporting Value of Asset Year-End Name Jerry Lewis BLOCK B Distribution DIVIDENDS Other: Distribution during the calendar year. Check "None" if asset did be listed as income. even if reinvested, should Dividends and Interest, IRAs, indicate the type of may write "NA". For all plans or accounts that do Check all columns that INTEREST not generate any income income by checking the other assets including all specific investments, you apply. For retirement Distribution NTEREST appropriate box below. not allow you to choose Type of Income BLOCK C \$2,501 - \$5,000 \$1,001 - \$2,500 \$201 - \$1,000 \$2,501 - \$5,000 \$2,501 - \$5,000 \$201 - \$1,000 earned or generated. IRAs, indicate the category "None" if no income was isted as income. Check if reinvested, should be Dividends and interest, even appropriate box below. of income by checking the other assets, including all "NA" for income. For all investments, you may write you to choose specific accounts that do not allow For retirement plans or Amount of Income \$1,000 in exceeding exchanges (E) Transaction reporting year. (P), sales (S), or nad purchases ndicate if asset **BLOCK E** Page 3 of 5

| SCHEDU | SCHEDULE III - ASSETS AND "UNEARNED" INCOME | Name Jerry Lewis | wis . | | Page 4 of 5 |
|--------|--|--------------------------|--------------|--------------------|-------------|
| | Penn Mutual Life Insurance CoRetirement | \$50,001 - \$100,000 | Distribution | \$5,001 - \$15,000 | |
| | Security Bank of California— | \$15,001 - \$50,000 | None | NONE | |
| | Security Bank of California Certificate of Deposit | \$100,001 - \$250,000 | INTEREST | \$2,501 - \$5,000 | |

SCHEDULE IX - AGREEMENTS

Name Jerry Lewis

Page 5 of 5

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|------|--------------------------------|------------------------|
| 1959 | Penn Mutual Life Insurance Co. | Agents Retirement Plan |
| 1969 | Legislative Retirement System | State of California |

The undersigned, Richard J. Lowis, Edward R. Lewis, Jr., C. Jereny Lewis, and John C. Lewis are the vested sole beneficiaries of the Edward R. Lewis and Elaine L. Lewis Trust executed June 15, 1983, a copy of which is attached hereto. Following the deaths of Edward R. Lewis and Elaine L. Lewis, outright distribution has been made of some of the assets of this Trust, but the assets listed on Schedule A attached hereto continue to be held by C. Jeremy Lewis as Trustee of said Trust for the benefit of all of the undersigned.

The undersigned hereby agree that said property shall continue to be held, administered, and distributed by Trustee of said Trust in accordance with the provisions of said Trust as modified by this instrument.

- 1. <u>Purpose</u>. The purpose of this Trust as hereby extended shall be for Trustee to manage the assets of this Trust, collect all payments on obligations owed, divide and distribute the proceeds equally between us, liquidate all tangible assets of this Trust, and make distribution of the net proceeds to us.
- 2. Term. The term of this Trust shall be for so long as necessary to sell the real property and obtain complete payment on all notes and contracts which are the subject of this Trust, or for 10 years from the date of this instrument, whichever first occurs. At the expiration of this Trust, outright distribution shall be made by Trustee to the undersigned in equal shares, if all of them living, or to the successor beneficiaries of each of us as designated on the beneficiary designation of each, if any of us is not living at the time a distribution is to be made.
- Beneficiary Designations. For so long as each of us are living, all distributions shall be made in equal shares to each of us, with Trustee holding such reserves as Trustee may deem appropriate for the management of the Trust estate. Upon the death of any of us prior to the termination of this Trust, the share of this Trust allocable to such deceased person and all distributions being made for such person shall be delivered to the beneficiaries designated for such person in accordance with the Beneficiary Designation of such deceased person delivered to Trustee. If no Beneficiary Designation has been executed by any of us at the time of the death of any of us or Trustee has not received the original of such Beneficiary Designation when a distribution is to be made, distribution of such deceased person's share shall be made without the need for any probate administration to the beneficiaries of such deceased person's last Will, or if there is no Will, to such deceased beneficiary's intestate heirs according to California': laws of intestate succession. If Trustee has any doubt as to the appropriate distribution to be made, Trustee may, in Trustee's sole discretion, make distribution to the estate of the one of us as to

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when the arbiquity crists or may polition the Court for instructions as to the appropriate distribution. Each of us may modify his Beneficiary Designation at any time by sending to Trustee a duly executed revision and, upon receipt of such change of Eeneficiary Designation by Trustee, such change shall be effective.

- 3.1 Each of us shall be considered as the primary beneficiary of his share of this Trust, and the designated successor beneficiaries shall have no rights or powers concerning this Trust until the interests of such successor beneficiaries vest upon the death of one of us.
- may, in Trustee's sole discretion, at any time elect to distribute all of the assets of this Trust in undivided shares equally between the four primary beneficiaries of the Trust; provided, however, if any of us is then deceased, the distribution of the share of such deceased one of us shall be made to the designated beneficiaries of such deceased person.
- 4. Additional modifications of Trust. This Trust may be amended at any time by written document executed by the four of us and may be revoked by written document executed by the four of us. It may not be amended or revoked in any other manner.

Richard J. Lewis.

Edward R. Lewis, Jr.

C. Jeremy tewis

John C. Lewis

John C. Lewis

Approved as to form:
GRESHAM, MARNER, SAVAGE, NOLAN & TILDEN

Fh/ISP M/Salage, 111

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All assets of the Edward R and Flaine Lewis Trust dated June 15, 1983 remaining Following outright distributions after the death of Edward R. Lewis on May 13, 1988, Including but not limited to the following as of December 31, 2003

Lot 32 Area 43,608 sq. ft. in Block 265 as delineated on the map entitled. Hawaiian Ocean View Estates which said map was filed in the Bureau of Conveyances of the State of Hawaii 4-5-62 as File Plan 787.

Real property in San Bernardino County, a., subject to contract for sale dated November 5, 1999 for \$39,000 by David T. Kupfer.

Real property in San Bernardino County, Ca., subject to contract for sale dated 3, 1997, for \$30,000 by Robert and Betty Lou Haisch.

Real property in San Bernardino County, Ca., subject to contract for sale dated February 22, 2005, for \$40,000 by Helena Bongartz.

Real property in San Bernardino County, Ca. subject to contract for sale dated February 22, 2005, for \$30,000 by Helena Bongartz.

Real property in San Bernardino County, Ca. subject to contract for sale dated February 1, 2005, for \$24,000 by Cliff and Toni McDonald.

Real property in San Bernardino County, Ca. subject to contract for sale dated May 1, 2000 for \$32,000 by Timothy and Florance Haisch.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT

CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

Please provide the following information. Your address and signature WILL NOT be made available to the public.

| | | (Print Full Name) | Arlene M. Willis |
|-----------------------------------|---------------------------------------|---------------------|------------------|
| (Complete Addres | 2112 Rayburn HOB Washington, DC 20515 | | |
| (Complete Address Office or Home) | ' | (Daytime Telephone) | (202)225-5861 |
| • | | | |

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the attached report may be subject to civil penalties and criminal sanctions (See U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
|---|-----------------------------------|-------------------------|
| I CERTIFY that the statements I have made on the attached financial disclosure statement and all attached schedules are true, complete, and correct to the best of my knowledge and belief. | Whene M. Wieseis | 5/6/09 |

| Yes No | child? Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct. | m |
|---|--|----------------|
| Yes No 🗸 | Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent | \neg |
| ONS | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS | ۳[د |
| d the appropriate | Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No V: Each question in this part must be answered and the appropriate school of the cash "Yes" response. | < 5 5 0 |
| i : | If yes, complete and attach Schedule IV. | = 3 |
| Yes No | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Yes No VIX. entity? | |
| n the Yes No V | Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. | .≡ .∓330 |
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| avel or 335 Yes ☐ No 🗸 | Did any individual or organization make a donation to charity in lieu of paying Yes No VII. reimbursements for travel in the reporting period (worth more than \$335 You for a speech, appearance, or article in the reporting period (worth more than \$335 from one source)? | . . |
| : | If yes, complete and attach Schedule I. | ∓ |
| ftin Vise Yes □ No ✔ | Did you or your spouse, have "earned" income (e.g., salaries or fees) of \$200 Yes VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? | l. Di |
| | PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS | PRE |
| more than 30 days late. | Report | Re T. |
| A \$200 penalty shall be assessed against garyone who files | Filer Member of the U.S. State: House of Representative District: Officer Or Employee Jerry Lewis, M.C. av | St. |
| (Office Use Only) | (Full Name) (Daytime Telephone) | |
| | Arlene M. Willis (202)225-5861 | |
| | UNITED STATES HOUSE OF REPRESENTATIVES FORM A Page 1 of 4 CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT For use by Members, officers, and employees | CAL |

SCHEDULE I - EARNED INCOME

Name Arlene M. Willis

Page 2 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. Retirement System (Spouse) Penn Mutual Life Insurance Agents (Spouse) Legislators Retirement System, State of Source Agents Retirement Legislative Pension Type \$6,906.87 \$4,296.26 Amount

| SCHEDU | SCHEDULE III - ASSETS AND "UNEARNED" INCOME | Name Artene M. Willis | Willis | | Page 3 of 4 |
|---|--|---|---|--|---|
| | BLOCK A | вгоск в | вгоск с | BLOCK D | BLOCK E |
| Identify (a) & a fair marke and (b) any than \$200 in land, provid mutual fund retirement p in which you investments the account that are not publicly activities, ar information, Exclude: Yo debt owed to parent or sit savings accomptional coll | Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 40¹(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | Type of income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year. | Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated. | Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
| | Arrowhead Credit Union | \$100,001 - \$250,000 | INTEREST | \$2,501 - \$5,000 | |
| | Chas. Schwab IRA distribution | \$50,001 - \$100,000 | Distribution | \$2,501 - \$5,000 | i |
| | Chas. Schwab Money Market FundIRA | \$50,001 - \$100,000 | DIVIDENDS | \$2,501 - \$5,000 | |
| | Congressional Federal Credit Union | \$50,001 - \$100,000 | INTEREST | \$201 - \$1,000 | |
| | Legislators Retirement System (Ca.)-Spouse | \$100,001 - \$250,000 | Distribution | \$2,501 - \$5,000 | |
| | Lewis Family Trust 1/4 Share Spouse | \$15,001 - \$50,000 | Distribution | \$2,501 - \$5,000 | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Security Bank of California 2200 Shs. Insur.Co.retire. Spouse Security Bank of California Penn Mutual Lilfe Certficate of Deposit \$50,001 -\$100,000 \$100,001 -\$250,000 \$15,001 -\$50,000 Name Arlene M. Willis None Distribution INTEREST NONE \$5,001 - \$15,000 \$2,501 - \$5,000 Page 4 of 4